

Check A Box
 Damaged Specimen

**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORMS TO-876)**

SERIAL NO. 10/070005 FILING DATE 1
 APPLICANT(S) _____

CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1			1				51					
2				1			52					
3				1			53					
4				1			54					
5				1			55					
6				1			56					
7							57					
8				1			58					
9							59					
10	1		1				60					
11		1					61					
12							62					
13				1			63					
14							64					
15			1				65					
16			1				66					
17							67					
18							68					
19							69					
20							70					
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39							89					
40							90					
41												
42												
43							93					
44							94					
45							95					
46												
47												
48							98					
49							99					
50							100					
TOTAL IND.	2		4				TOTAL IND.					
TOTAL DEP.	2		7				TOTAL DEP.					
TOTAL CLAIMS	4		11				TOTAL CLAIMS					